

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS											
AS FILED			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51				
2		1					52				
3		2					53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12	1						62				
13	1						63				
14	1						64				
15	1						65				
16	2						66				
17	2						67				
18	1						68	1			
19	1						69	1			
20	1						70	1			
21	1						71				
22	1						72	1			
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80	1			
31		1					81	1			
32		1					82	1			
33		1					83				
34		1					84				
35		1					85				
36		1					86	1			
37		1					87	1			
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	22	→	→	→			TOTAL DEP.	2	→	→	→
TOTAL CLAIMS	25						TOTAL CLAIMS	45	→	→	→